

**Annapolis Valley Regional School Board**  
**ESL SERVICE APPROVAL**  
 (to be remitted to school principal from Coordinator of Student Services)

**Student Information:**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Principal: \_\_\_\_\_

Tutor: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(ESL tutor must be certified teacher)*

**Response:**

ESL Service is:                      Approved       Not Approved

◆ *Instruction* hours per week approved: \_\_\_\_\_

◆ *Preparation* hour(s) per week approved: \_\_\_\_\_  
 (coordination with teachers/school liason)

Total ESL hours approved: \_\_\_\_\_

If applicable, reason for not approving request: \_\_\_\_\_

\_\_\_\_\_

**Timeline:**

Service will begin on: \_\_\_\_\_ and expire on: \_\_\_\_\_

**Approval for service applies for a six-week period only.**  
**If seeking a continuation of service, re-application is required. Weekly timesheets**  
**(for tutor) to be forwarded to Student Services for authorization.**

\_\_\_\_\_  
 Coordinator of Student Services